09/11/2002 17 : 41

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typying, type over the lines 12FE4M5

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL/STATE (CITIGROUP PAC-FEDERAL/STATE]

ADDRESS (Number and street) 399 PARK AVENUE

(Check if address is changed)

NEW YORK NY 10043 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

pac@citi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

2. DATE 09 / 02 / 2002

3. **FEC IDENTIFICATION NUMBER** ▶ C00039305

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer BARBARA E. HIGHAM

Signature of Treasurer Electronically Filed by BARBARA E. HIGHAM Date 09 / 08 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FROM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

CITIGROUP INC.

Mailing Address 399 PARK AVENUE

NEW YORK NY 10043

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL/STATE [CITIGROUP PAC-FEDERAL-/STATE]

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: **BARBARA E. HIGHAM**

Mailing Address: **c/o PASS**

1020 NORTH FAIRFAX STREET

ALEXANDRIA | **VA** | **22314** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number ____ – ____ – ____

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: **BARBARA E. HIGHAM**

Mailing Address: **ONE COURT SQUARE**

6TH FLOOR

LONG ISLAND CITY | **NY** | **11120** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number ____ – ____ – ____

Full Name of Designated Agent: **HOWARD DARMSTADTER**

Mailing Address: **425 PARK AVENUE**

NEW YORK | **NY** | **10043** –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASSISTANT TREASURER

Telephone number ____ – ____ – ____

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITIBANK N.A.

Mailing Address

111 WALL STREET

NEW YORK | NY | 10043 –

CITY △ STATE △ ZIP CODE △

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1101 PENNSYLVANIA AVE. NW

SUITE 1000

WASHINGTON DC 20004

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

Telephone number _____ – _____ – _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name RONALD W. STEPHENS

Mailing Address 11440 CARMEL COMMONS BLVD.

CITY ▲	STATE ▲	ZIP CODE ▲
CHARLOTTE	NC	28226 _

Title or Position ▼

ASSISTANT TREASURER

Telephone number _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name THOMAS R. FAZEKAS

Mailing Address ONE COURT SQUARE

6TH FLOOR

LONG ISLAND CITY NY 11120

Title or Position ▼ CITY ▲ STATE▲ ZIP CODE ▲

ASSISTANT TREASURER

Telephone number _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name S. COLIN DOWLING

Mailing Address 901 15TH STREET NW

SUITE 300

WASHINGTON DC 20005

Title or Position ▼ CITY ▲ STATE▲ ZIP CODE ▲

ASSISTANT TREASURER

Telephone number _____ - _____ - _____

Form/Schedule: F1A

Transaction ID:

Travelers Property Casualty Corp., formerly a subsidiary of Citigroup Inc., is now an independent, stand alone company, therefore the Travelers Property Casualty Corp. PAC (C00376376) and Citigroup PAC - Federal/State are no longer affiliated and no longer share contribution limits. Please make the necessary changes to your records.